

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

BUREAU OF HEALTH

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16711

State File No.

Registrar's No.

4411

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(c) Name of hospital or institution.....
St. Anthony's Hospital
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... **Louise Wagner**

3. (b) If veteran, name war..... **no**
3. (c) Social Security No. **no**

4. Sex..... **Female**
5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Fred Wagner**
6. (c) Age of husband or wife if alive..... **59** years

7. Birth date of deceased..... **May 23, 1892**
(Month) (Day) (Year)

8. AGE: Years..... **50** Months..... **11** Days..... **15**
If less than one day..... hr. min.

9. Birthplace..... **St. Louis**..... **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home**

11. Industry or business.....

12. Name..... **Joseph Cristel**
13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Minnie Becker**
15. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Fred Wagner**
(b) Address..... **4096 Quincy St.**

17. (a)..... **Burial** (b) Date thereof..... **5/12/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Bethany Cemetery**

18. (a) Signature of funeral director..... **Weick Bros.**
(b) Address..... **2201 S. Grand Bl.**

19. (a)..... **MAY 11 1943** (b)..... **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(d) Street No. **4096 Quincy St.**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **8**
year..... **1943** hour..... **10** minute..... **0** P.M.

21. I hereby certify that I attended the deceased from.....
March 12 1943, to..... **May 8** 1943,
that I last saw him alive on..... **May 18** 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pulmonary Hypertrophy**
Duration..... **2 hrs**

Due to..... **Carcinoma of Spleen, Flexure of colon, Liver, Omentum, peritoneum**

Due to..... **Left Ovary and tube changes in all viscera**

Other conditions..... **Primary cancer**
(Include pregnancy within 3 months of death)

Major findings: Of operations..... **As above**
Of autopsy..... **As above**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... **no**
(b) Date of occurrence.....
(c) Where did injury occur?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature..... **A. L. Heitel** (M. D. or other).....
Address..... **Flack Garois** Date signed..... **5/14/43**

Re Verell
until 4:30
3606 Harrison

DEC 4 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Larry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.